

REFERRAL of SUSPICIOUS APPRAISER ACTIVITY

Instructions: Type or clearly print your referral in black or blue ink. Summarize the facts, preferably in chronological order. Identify who was present, explain how they were involved, and provide their address and telephone number, if known.

Submit legible copies of documents you have to support your complaint and retain your original documents. These documents might include: appraisal report, engagement letter, sales contract, HUD-1 settlement statement, MLS information, county assessor's data, or other documents.

Complete all required fields (identified by an *****) and sign the referral form. Please note your referral may not be investigated if any portion of a required field is left blank, the information is not legible, or the referral is not signed.

The referral could result in corrective or disciplinary action against an appraiser as allowed by law. However, the state authority considering a referral cannot award damages, cancel contracts, settle fee disputes, reappraise property, obtain refunds, or act as your attorney or expert witness.

Information about You (Complainant)	
1. Name (* Last, * First, MI or Business) E-Mail _____	2. Home/Business/Cell/Fax Telephone Number * (_____) _____ (_____) _____
3. * Home Address (Street, City, ST, Zip)	4. * Business Name/Address (Street, City, ST, Zip)
5. Relationship to Complaint (client, lender, review appraiser, etc.)	6. Reason for Appraisal (refinance, purchase, etc.)

Information about the Appraiser	
7. Name (* Last, * First, MI) E-Mail _____	8. Business/Cell/Fax Telephone Number * (_____) _____ (_____) _____
9. * Address of Property Involved	10. * Business Address (Street, City, ST, Zip)
11. License or Certification State _____ Number _____	12. Name of Business/Website Address
13. * Have you contacted the appraiser regarding your complaint? <input type="radio"/> Yes <input type="radio"/> No * If Yes, date(s) of contact _____ Person contacted _____ * If Yes, please describe the results below or in a separate attachment if needed.	

Other Information	
14. Have you filed this complaint with another agency? <input type="radio"/> Yes <input type="radio"/> No If yes, please complete:	
Name of agency and person contacted	Business Telephone Number () _____ E-Mail _____
Results of that complaint, if any:	
15. Have you retained an attorney in this matter? <input type="radio"/> Yes <input type="radio"/> No If yes, please complete:	
Name of Attorney	Business Telephone Number () _____
Address of Attorney (Street, City, ST, Zip Code)	() _____ E-Mail _____
16. May we contact your attorney with reference to this matter? <input type="radio"/> Yes <input type="radio"/> No	
17. Is this complaint related to any action filed or pending in any court? <input type="radio"/> Yes <input type="radio"/> No If yes, please complete:	
Name of court	Type of Action
Address of court (Street, City, ST, Zip Code)	Case Number/Docket Number

Witness Information	
18. *Are there any witnesses who have knowledge of the events described in this complaint? <input type="radio"/> Yes <input type="radio"/> No *If yes, complete the following and give details in item number 20.	
Full Name Witness #1 (Last, First, MI)	Daytime Telephone Number () _____
Address (Street, City, ST, Zip Code)	E-Mail _____
	Your relationship to the witness
Full Name Witness #2 (Last, First, MI)	Daytime Telephone Number () _____
Address (Street, City, ST, Zip Code)	E-Mail _____
	Your relationship to the witness
Full Name Witness #3 (Last, First, MI)	Daytime Telephone Number () _____
Address (Street, City, ST, Zip Code)	E-Mail _____
	Your relationship to the witness

Notarization Instructions

Notarization is **not required** if the appraiser listed in item 7 is licensed or certified in any of the following states: AK, AR, AZ, CA, CO, CT, DE, FL, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, NC, NE, NH, NJ, NV, NY, OH, OR, PA, SD, TN, TX, UT, VA, VT, WA, WI, or WV.

Notarization **is required** if the appraiser listed in item 7 is licensed or certified in any of the following states: AL, GA, MS, MT, ND, NM, OK, RI, SC, OR WY.

STATE OF _____, COUNTY OF _____

_____ Personally

subscribed and sworn to me this _____ Day of

_____, 20____.

Notary Public _____

My commission expires: _____

Submission Instructions

Mail your referral and supporting documents to:

Appraisal Subcommittee
Attn: James Park, Executive Director
1401 H Street N.W. Suite 760
Washington, D.C. 20005

or

Fax your referral and supporting documents to: (202) 289-4101

or

Submit your referral and supporting documents to: <https://www.asc.gov/Referral.aspx>

Persons needing reasonable accommodation under the Americans with Disabilities Act should contact _____ at _____. Deaf/Hearing Impaired V/TDD _____.

For internal use only:

Control Number: _____

Date Received: _____